



3325 Landco Drive
Bakersfield, CA 93308
(661) 327-1436 Fax (661) 327-8865

Subcontractor Prequalification

Company Name: _____

Address: _____

Contact Name: _____ Title: _____

Phone Number: _____ Fax: _____

Email Address: _____ Website: _____

License #: _____ License Type: _____

List the trades you normally perform with your own forces:

CSI #	Description
_____	_____
_____	_____
_____	_____
_____	_____

Is your Company? MBE WBE DBE Section 3

How many people does your Company presently employ?

Office _____ Field Supervisory _____ Trades People _____

Owner References: (Company, Contact, Phone Number):

1. _____

2. _____

3. _____

Project References: (Project, Contact, Phone Number):

1. _____
2. _____
3. _____

Bonding Yes No

Insurance

General Liability Carrier

Limits

AM Best Rating

Worker's Compensation Carrier

To be completed by Wallace & Smith

Information verified by: _____

Date: _____

Notes: _____
